

EPA KEY CONTACTS FORM

Authorized Representative: *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

Name:	Prefix: Mr.	First Name: Cordell	Middle Name:
	Last Name: Shortey		Suffix:
Title:	Contracting Officer		
Complete Address:			
Street1:	PO Box 646		
Street2:			
City:	Window Rock	State:	AZ: Arizona
Zip / Postal Code:	86515-0646	Country:	USA: UNITED STATES
Phone Number:	(928)871-6470	Fax Number:	(928)871-6567
E-mail Address:	cshortey@omb.navajo-nsn.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mr.	First Name: Robert	Middle Name:
	Last Name: Willie		Suffix:
Title:	Acting Controller, Office of the Controller		
Complete Address:			
Street1:	PO Box 3150		
Street2:			
City:	Window Rock	State:	AZ: Arizona
Zip / Postal Code:	86515-3150	Country:	USA: UNITED STATES
Phone Number:	(928)871-6308	Fax Number:	(928)871-6106
E-mail Address:	rwillie@nnooc.org		

Administrative Contact: *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

Name:	Prefix: Mr.	First Name: Cordell	Middle Name:
	Last Name: Shorety		Suffix:
Title:	Contracting Officer, NNOMB		
Complete Address:			
Street1:	PO Box 646		
Street2:			
City:	Window Rock	State:	AZ: Arizona
Zip / Postal Code:	86515-0646	Country:	USA: UNITED STATES
Phone Number:	(928)871-6470	Fax Number:	(928)871-6567
E-mail Address:	cshortey@omb.navajo-nsn.gov		

EPA KEY CONTACTS FORM

Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name: Prefix: **First Name:** **Middle Name:**
Last Name: **Suffix:**
Title:

Complete Address:

Street1:
Street2:
City: **State:**
Zip / Postal Code: **Country:**
Phone Number: **Fax Number:**
E-mail Address: